Guidance for BDDS Providers on Temporary Policy Changes Related to COVID-19 and Appendix K, As of May 21, 2020

Contents

The Office of Medicaid Policy and Planning submitted Indiana's Appendix K: Emergency Preparedness and Response waiver amendments to the following Indiana Medicaid Home and Community Based Services (HCBS) waivers: the Family Supports Waiver (FSW) and the Community Integration and Habilitation Waiver (CIH) to the Centers for Medicare and Medicaid Services (CMS) for approval. If approved, these temporary Appendix K waiver amendments will have a March 1, 2020 effective date.

Indiana Division of Disability and Rehabilitative Services and Bureau of Developmental Disabilities Services prepared the FSW and CIH Appendix K waiver amendments in response to the emergence and spread of Coronavirus disease (COVID-19) and the serious health risk it poses to Indiana's intellectual and developmental disabilities population. Governor Eric Holcomb declared a statewide public health emergency on March 6, 2020 related to the spread of COVID-19 in Indiana.

In advance of CMS' final approval, BDDS is implementing the following guidance and temporary changes to help mitigate the disruption this statewide public health emergency is anticipated to have on standard modes and methods for service delivery to BDDS participants. These temporary changes are effective retroactively to dates of service on or after March 1, 2020. These temporary changes will remain in effect through the current public health emergency, including a small period after to allow the system to transition to pre-COVID-19 operations.

This guidance is effective as of May 21, 2020. All changes to earlier guidance are noted in red.

PROVIDER CLOSURES / VISITOR RESTRICTIONS / OTHER SIGNFICANT SERVICE CHANGES

Providers should continue to notify BDDS of the following:

- Service or Site Closure / Suspensions
- Visitor restrictions
- Any significant change in service delivery, including change in service location. This does not include changes from face to face service delivery to telemedicine – that information should be documented as directed below.

Providers should e-mail the following details to either their Local District Manager or to BQIS.Help@fssa.in.gov:

- Specific services impacted
- Number of individuals impacted for each service
- Estimated closure duration and reason - if unknown, discuss plan to evaluate ability to reopen and frequency of evaluation
- Reason for Closure – Preventative or Confirmed Case
- Alternate Planning, if any
- How individuals and families are / will be notified

INCIDENT REPORTING GUIDANCE

BDDS will extend the timeline for reporting incidents to 48 hours from incident occurrence or point reporter becomes aware of occurrence, except the following circumstances:

- Incidents related to alleged abuse, neglect or exploitation must still be reported within 24 hours from incident occurrence or point reporter becomes aware of occurrence.
- BDDS is requesting incident reports be filed within 24 hours when a participant tests positive for COVID or when the participant's healthcare provider indicates that the individual is presumed COVID positive.
- Presumed positive means individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory.

Incident reports are not required when a person has symptoms of COVID-19, unless another incident report category applies (such as an emergency intervention or event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services).

Incident reports are not required for COVID-19 related service/site closures/suspensions, visitor restrictions, quarantine measures without a COVID-19 positive test, or other changes in service delivery. Even though these are not required to be reported as incident reports, BDDS and BQIS are requiring providers to inform and update everyone who is a part of the individualized support team of any situation involving an individual, including quarantine measures, restrictions, etc., as well as document all changes.

Please continue to submit IRs as appropriate for non-related COVID-19 incidents using these modified timelines.

COVID-19 REPORTING FOR CONGREGATE RESIDENTIAL SETTINGS

On April 10, 2020, the Bureau of Developmental Disabilities Services issued guidance regarding the Indiana State Department of Health's order requiring COVID-19 reporting for long-term care facilities, prisons, jails and other congregate housing. This guidance includes reporting for congregate residential settings supported by BDDS. Congregate residential settings include Medicaid home and community based waiver settings serving two or more individuals and community residential facilities for persons with developmental disabilities (ICF/IDDs and SGLs), as defined in 460 IAC 9-1-2.

The order requires all congregate residential settings supported by BDDS to report the following within 24 hours:

- Any resident who tests positive for COVID-19;
- Any employee who tests positive for COVID-19;
- Any confirmed positive COVID-19 related death OR suspected COVID-19 related death of an individual; and
- Any confirmed positive COVID-19 related death OR suspected COVID-19 related death of an employee.

To comply with ISDH's order, BDDS has implemented a process to streamline these reporting requirements and minimize the need for duplicate reporting.

Providers shall continue using BDDS's Incident Management System *to report COVID-19 individual information*. BDDS is requiring congregate residential providers to submit the following additional information through the traditional online incident reporting system (found here BDDS Reportable Incident website).

The incident report shall include all the information you are normally required to report, in addition to the information below that can be included in the *narrative* of the incident report. BDDS will then take the lead in collecting the reported information that was filed in the incident reporting system and import it daily into the ISDH online form.

- Total number of individuals living in the home.
- Total number of staff working in the individual's home.
- Did the individual have any symptoms during their illness? (Yes, No, Unknown)
- Did the individual have a chest x-ray? (Yes, No, Unknown)
- What type of specimens were collected, if known? (e.g. NP Swab, OP Swab, Sputum, Other)
- For confirmed positive cases, what was the date the COVID-19 specimen was collected, if known?
- What was the symptom resolution date?
    - If symptoms have not resolved, indicate such.
- Was/is the patient hospitalized for this illness? (Yes, No, Unknown)

Providers must also report information about an employee. Providers should not use the BDDS Incident Management System to report employee cases. Rather, *to report COVID-19 employee-specific information*, providers shall using our online COVID-19 Employee Reporting Form.

SUSPENSION OF NEW PROVIDERS

BDDS will temporarily suspend enrollment of new service providers.

SUSPENSION OF PROVIDER REVERIFICATION

BDDS will temporarily suspend provider re-verifications.

COMPLAINT INVESTIGATIONS AND CAPS

BDDS and BQIS will evaluate the need to extend deadlines on complaint investigation responses and corrective action plans (CAPs) on a case by case basis.

REOPENING EFFORTS AND INDIVIDUAL RESTRICTIONS

Executive Order 20-26 provides a measured and staggered approach to reopening businesses and entities over five stages. It is important to note that all counties were permitted as of May 4th to advance to Stage 2 except Cass, Lake, and Marion counties. As with any Indiana business, providers are expected to adhere to the safeguards and guidance contained in the Executive Order. In supporting individuals during this time, providers are cautioned against applying blanket policies that restrict individual rights. Rather, providers should work with the individual, their family, case manager, and other team members to identify whether and to what extent to implement restrictions on visitors and/or activities outside of the home based on balancing what is important for the individual relative to their health, their household structure, and related issues with what is important to the individual. These discussions should support the individual in informed decision-making by providing them with information about what is currently permissible under the Executive Order and what risks are represented in those activities.

GUIDANCE FOR 'STAY AT HOME' ENFORCEMENT

At this time, there is no statewide law enforcement of travel related to "stay at home." However, as a precaution, providers may consider providing letters or other documentation for staff indicating that they are an essential health worker. In developing such documentation, providers should consider adding a reference to Executive Order 20-08, paragraph #10 that identifies workers providing FSSA and/or Medicaid funded services as being an essential worker.

REQUIREMENTS FOR ALL INDIANA EMPLOYERS

Executive Order 20-26 requires that all Hoosier employers develop a plan to implement measures and institute safeguards to ensure a safe environment and shall be provided to each employee or staff and posted publicly. This plan shall address, at minimum, the following points:

- Instituting an employee health screening process;
- Employing enhanced cleaning and disinfecting protocols for the workplace including regularly cleaning high-touch surfaces;
- Enhancing the ability of employees, clients, and individuals served to wash hands or utilize other personal hygiene measures such as use of hand sanitizer;
- Complying with social distancing requirements established by the CDC, including maintaining 6 feet of distance between both employees and individuals served whenever possible and/or employing other separation measures such as face coverings or environmental barriers;

- Addressing the needs of employees and individuals served who are determined to be at high risk of significant health issues related to COVID-19;
- Ensuring all staff, individuals served, and families have access to up-to-date information regarding the public health emergency and its impact on delivery of services; and
- Comply with all IOSHA standards

Additional guidance for businesses and employees that builds on the Executive Order is available at https://backontrack.in.gov/files/BackOnTrack-IN_BackOnTrack-IN_Guidelines-AllBusinesses.pdf

DAY SERVICE GUIDANCE

Under the 'Stay at Home' Order, Day Service locations have been permitted to remain open as an essential service until it is no longer feasible to do so based on the best interests of the individuals served and/or due to local conditions. While recognizing some of the individuals served in our day programs are in the high-risk category, we hoped to maintain this essential service, whenever feasible, to provide needed support to our families, particularly those that are essential workers, during this time.

- Please note, effective April 1, Division of Aging has closed programs supported through Adult Day Services on the A&D and TBI Waivers
- Programs supported through Adult Day Services on the FSW and CIH Waiver may continue to operate under BDDS's program guidance.

Day programs that remain open or are considering reopening are encouraged to follow CDC guidance and utilize the following guidance available on the Back on Track site - https://backontrack.in.gov/files/BackOnTrack-IN_Guidelines-AdultDayServices(Revised).pdf

Additional guidance and resources for day service providers and case managers is located on the DDRS COVID-19 web page.

GUIDANCE FOR VISITORS

As Indiana begins to take steps to get "Back on Track", the Division of Disability and Rehabilitative Services, in partnership with the Indiana State Department of Health, are providing the following updated guidance for visitor and other restrictions impacting ICF/IDD and other congregate residential settings.

The guiding principles behind this updated policy guidance are to

- recognize and accommodate the wide variety of circumstances experienced by individuals residing in these settings,
- help prevent the spread of COVID-19 and keep people safe, and
- empower person-centered decision-making for self-advocates, families, case managers, and providers.

With this in mind, providers are empowered to determine whether and to what extent to apply restrictions similar to those being utilized in nursing facility settings for visitors; attendance at work and/or day program; and other activities (including travel) outside the home on a setting by setting basis. This allows appropriate application of restrictions based on the needs and circumstances of the individuals living in the setting. It also helps to avoid the application of blanket restrictions that may be overly broad and restrictive.

In making these determinations, providers should consider the following:

- Individuals residing in the setting should be engaged in discussions related to making these determinations to the greatest extent possible. These settings are their homes and these individuals should have the support, information, and resources needed for them to be an active decision-maker in the discussion.

- If the majority of individuals in a setting are in the CDC's high risk category (e.g., age> 65 and/or people who have severe underlying medical conditions like heart or lung disease or diabetes), the setting should follow restrictions similar to those being utilized in nursing facility settings - https://www.coronavirus.in.gov/files/IN_COVID-19_LTC_04.29.20.pdf.
- If there are active cases of COVID-19 in the setting (involving staff or individuals) restrictions on visitation should be considered to prevent community spread. In addition, measures should be implemented to mitigate how many homes staff work in to decrease spread across settings. If staff work in a COVID positive home consider having staff only work in that home. Also, providers should encourage any staff who have additional employment outside your agency to notify their other employers regarding exposure.
- For all settings, policies and procedures should be in place that describe how to:
    - Keep individuals, their families, and staff informed of your agencies plans for addressing COVID related needs.
    - Keep individuals, their families, and staff informed of the COVID status in the home. All should be informed if there are new COVID cases. This communication should include actions that are being taken to prevent further spread of COVID-19 and how to reach a staff person if they have questions.
    - Monitor individuals, staff, and visitors (when it is determined that visitors are permissible in the setting) for symptoms of COVID-19 including fever, respiratory, or other symptoms like loss of taste and smell. Providers should also consider adding questions about whether the individuals, staff, and visitors live with a current COVID positive individuals. Visitors or staff with symptoms should be restricted from entry
    - Support hand and respiratory hygiene, as well as cough etiquette by individuals, visitors, and staff, including having hand washing and/or alcohol hand rub available at the setting entry and supplies of alcohol hand rub for staff to use before and after resident interactions.
    - Continue to follow social distancing requirements within the setting, particularly during meals or other times when individuals may be engaging in common activities or areas.
    - Consider how individuals are storing toothbrushes to minimize exposure. Consider utilizing disposable toothbrushes for COVID positive individuals.
    - Require daily deep cleaning of the home using CDC guidance and approved cleaning solutions
    - Require all staff having direct contact with individuals should wear a mask for the duration of their shift. Hospital/surgical masks are recommended, however if such masks are not available, providers are encouraged to follow CDC Strategies for Optimizing the Supply of Facemasks.
    - Provide infection control training (including cleaning and disinfecting protocols for high touch areas), supplies, and ensure easy and correct use of PPE.
    - Identify strategies to:
        - Quickly respond if an individual or staff presents with COVID-19
        - Care for individuals with COVID-19 while protecting others in the setting.

GUIDANCE FOR PERSONAL PROTECTIVE EQUIPMENT (PPE):

- Surgical masks have been recommend for use by direct support professionals. If surgical masks are not available, providers are encouraged to follow CDC Strategies for Optimizing the Supply of Facemasks https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html
    - CDC Guidelines for cloth facemasks are available here - https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html.
- In general, PPE should be used conservatively and reuse if possible. The CDC offers several resources for optimizing PPE, including:
    - Strategies for Optimizing the Supply of Eye Protection

  - Strategies for Optimizing the Supply of Isolation Gowns
  - Strategies for Optimizing the Supply of Gloves
  - Strategies for Optimizing the Supply of N95 Respirators

- The CDC has published frequently asked questions relative to PPE which is located here - https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html
- The CDC has provided guidelines for donning and doffing PPE. It is important for Health Care Providers (HCP) to perform hand hygiene before and after removing PPE. Hand hygiene should be performed by using alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.
- In considering your agency's PPE needs, providers may want to consider using the CDC's PPE Burn Rate Calculator to determine your agencies average PPE consumption rate - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

POLICY CHANGES APPLYING TO NURSING FACILITY ADMISSIONS:

FSSA will temporarily waive PAS requirements that PASRR process be complete prior to admission into a nursing facility. FSSA will also temporarily allow the PASRR Level II screen to be delayed up to 30 days after admission.

POLICY CHANGES APPLYING TO ALL BDDS PROGRAMS:

Modifications to direct support professional qualifications and requirements

1. BDDS will temporarily accept a copy of a limited criminal history check through the Indiana Central Repository performed by another entity within the past six (6) month as valid.
    - 'Another entity' is any business registered with the Indiana Secretary of State (e.g. another HCBS provider, a school, etc.).
    - The limited criminal history check conducted through the Indiana Central Repository must have been completed within the six (6) months of the potential staff's hire date.

2. BDDS will temporarily waive the requirement that a potential staff have, prior to hiring, a county-level criminal history check completed for each county in which the potential staff resided and worked in the three years prior to the date of the criminal history check. BDDS will instead require that this county-level criminal history check be completed within sixty (60) days of hire.

3. BDDS will temporarily waive the requirement for a provider to conduct a tuberculosis (TB) test on potential staff prior to hire. BDDS will instead require that new staff and existing staff whose annual screening is due shall be screened for tuberculosis within ninety (90) days of hire and/or the expiration of their annual screening.

4. BDDS will temporarily waive the requirement that direct care staff complete the list of training detailed in 460 IAC 6-14-4 and 460 IAC 6-15-2 prior to working with participants. Instead, training requirements for direct care staff that must be completed prior to working with participants include the following:
    - Individual specific (risk plans, behavior plans, modified diets, lifting, etc.)
    - Infection Control
    - Signs and Symptoms of Medical Issues
    - Medication Administration (if DSP will be administering medication)
    - Cardiopulmonary Resuscitation (CPR) / Choking - Heimlich Maneuver
    - Individual Rights / Abuse, Neglect, Exploitation / Incident Reporting

- Emergency Procedures / On-Call Support
- Crisis intervention/De-escalation (if DSP will support an individual with a known history of challenging behaviors)

The temporary essential training will be authorized only while the Executive Order remains in effect, plus any additional time afterward that FSSA deems necessary to facilitate providers' orderly resumption of normal staffing. Providers have 60 calendar days from the date of hire for DSPs to complete the remaining required trainings as outlined in 460.

These training requirements can be met if staff can provide:

- Documentation that they were employed by another BDDS approved provider within the last six (6) months; and
- Documentation from that BDDS approved provider for each training topic satisfactorily completed by the staff.

For additional details and guidance, please review the Temporary DSP Essential Training outline.

5. BDDS will continue to accept documentation of successfully completed cardio-pulmonary resuscitation and/or First Aid. In addition, BDDS will temporarily allow DSPs to continue working ninety (90) days past the expiration of their CPR/First Aid. The hands-on component of training is not required. Online training is acceptable at this time. DSPs completing CPR certification during COVID will need to complete the hands-on component, when it is safe and appropriate to do so.

Use of Telemedicine to Support Service Delivery

The Office of Medicaid Policy and Planning has issued guidance permitting broad use of telemedicine to support service delivery, highlights include:

- Appropriate consent from the member must be obtained by the provider prior to delivering services.
- Documentation must be maintained by the provider to substantiate the services provided and that consent was obtained.
- Documentation must indicate that the services were rendered via telemedicine, clearly identify the location of the provider and individual, and be available for post-payment review.
- The provider and/or individual may be located in their home(s) during the time of these services.
- Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the individual.
- This includes, but is not limited to, the use of computers, phones, or television monitors. This policy includes voice-only communication, but does not include the use of non-voice communication such as emails or text messages.
- At this time, CoreMMIS does NOT allow modifier GT to be billed with HCBS claims. That does not mean HCBS providers cannot provide services via telemedicine. Rather, providers will need to record the service was performed via telemedicine in the individual or providers' record.

Providers are encouraged to refer to IHCP Bulletin BT202022 issued on March 19 for additional details. In addition, providers should utilize updated guidance from the Office of Civil Rights regarding HIPAA compliant telemedicine options available here - https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telemedicine/index.html.

To view OMPP Webinars on telemedicine and other topics, please visit https://www.in.gov/medicaid/providers/1014.htm

Under this guidance, the following Home and Community Based services, when appropriate, should be explored and utilized as telemedicine options:

- Case Management
- Behavior Management
- Therapies, including PT, OT, Speech, Psychological, Music, and Recreational
- Extended Services
- Wellness Coordination
- Family and Caregiver Training

The PCISP and/or CCB DOES NOT need to be updated in order to deliver services via telemedicine. The key issue is to ensure documentation is consistent with OMPP and BDDS Guidance.

For all other HCBS services, telemedicine should be a last resort option, only with individuals who need only verbal prompting and guidance, and must relate to an individualized need or interest. When utilized, some element of the underlying service definition must be provided and documented.

Electronic Monitoring (also known as Remote Supports) remains available on the CIH waiver and should be explored as an alternative option, as appropriate.

In addition, under this guidance, certain ICF/IID service elements, when appropriate, should be explored and utilized as telemedicine options, including behavior management, nursing support, and psychiatric support. Please note, that while the following service elements are not billed separately from the established ICF/IID per diem, providers are still encouraged to note the use of telemedicine when documenting delivery of these service elements.

POLICY CHANGES APPLYING TO CIH AND FSW:

Guidance for Case Managers

- BDDS encourages that case managers make contact with individuals on a more regular basis, particularly given the evolving situation with COVID-19. It is important to recognize that someone's situation could change rapidly, more frequent contacts provide opportunities to ensure that individuals continue to receive appropriate supports and assistance. Case Management is a front-line in coordinating and supporting an individual's needs.
- In recognition of this role, BDDS' priority is in ensuring those needs are met. As such, during this time, BDDS will not strictly monitor timelines for various processes. However, we will expect case managers to complete and document these activities within a reasonable timeframe.
- Also in recognition of this role, BDDS is relying on Case Managers to support the individual and team in adjusting expectations, adapting to the evolving environment, and most importantly applying person-centered approaches and responses. Case Managers are a critical partner in supporting individuals and teams to problem-solve, prioritize activities, and advocate for the individual's best interest.

Budget Modification Timelines

Under current policy, teams may request a Budget Modification Request (BMR) for up to 90 days once per plan year. If a 90 day BMR has been requested previously, additional BMRs may be requested for a period of up to 60 days (e.g. March 16 – May 15) until further notice.

In addition, BDDS will temporarily allow BMRs to be filed within 60 calendar days of the event or status change. This submission extension from 45 to 60 calendar days is in effect until further notice.

Teams are encouraged to consider the flexibilities being provided under Appendix K and described in this memo when supporting individuals in developing alternate support options.

BDDS is working on additional system changes to allow for streamlined BMR submission process, as these changes are implemented this guidance will be updated.

Changes to Residential Service Location

For individuals receiving residential supports on the Community Integration and Habilitation Waiver, it is the responsibility of the residential provider to ensure that any change in the individual's condition or living arrangement be communicated to each member of the individual's Person-Centered Individualized Support Team. Case management case notes should accurately indicate the change in condition or living arrangement, the reason for the change, and the expected time frame for the change in living arrangement.

If the living arrangement change is expected to be a permanent change, the case manager must ensure the individual's living arrangement is updated.

Changes to Person-Centered Individualized Support Plan (PC/ISP) timelines

Person-Centered Support Plans that are due to expire within the next 60 days require case management contact to the participant using allowable remote contact methods to verify with the participant or representative that the current assessment and services, including providers, remain acceptable and approvable for the upcoming year. The state will verify by obtaining electronic signatures/or electronic verification via secure email consent from service providers and the individual or representative in accordance with the state's HIPAA requirements.

The state will ensure the support plan is modified to allow for additional supports and/or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration, and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The case manager must submit the request for additional supports/services no later than 30 days from the date the service begins.

Changes to annual level-of-care (LOC) determination requirements

1. BDDS will temporarily allow LOC determinations to be conducted by phone. Case Managers must conduct phone meetings according to guidance on use of phone (or virtual) meetings for service planning below.
2. BDDS will extend annual LOC assessments that are due on or before June 30, 2020 to have a new due date of December 31, 2020.
3. BDDS will temporarily waive the requirement for a Confirmation of Diagnosis to complete Level of Care for re-entries to waiver services.

Allowing use of phone (or virtual) meeting for service planning

To ensure continuity of service planning and team meetings, BDDS will temporarily authorize the use of phone (or virtual) meetings as an alternative to face-to-face meetings. Phone (or virtual) meetings may be utilized under the following criteria:

- Phone (or virtual) meetings require private, and secure, two way communication and must maintain the individual's privacy.
- Phone (or virtual) meetings must not be held in public spaces, such as restaurants, cafés, etc., or via a public network.
- Case managers must document the request and need to meet by phone (or virtually) in case notes.
- The phone (or virtual) meeting is to be documented in case notes using 'Team Meeting' or 'Face-to-Face Visit' as the category; and 'Virtual' as the level of interaction as applicable.
- Pre/Post meeting monitoring checklists are to be completed with information available. For example, questions in the environment section would be answered "N/A."

Guidance on Telemedicine Delivery of Extended Services

Delivery of Extended Services through telemedicine must be meaningful and within the scope of the individuals PC/ISP. If meaningful service cannot be delivered, consider postponing services and revisiting at a later time.

Providers delivering services through telemedicine must continue to abide by service standards and limitations, including the requirement that Extended Services be delivered only when the individual is employed in competitive, integrated employment. *Extended Services do not include sheltered work or other similar types of vocational services furnished in specialized facilities or volunteer endeavors.*

Examples of reimbursable activities that can meaningfully be delivered through telemedicine:

- Virtual interaction with supervisors and staff to develop and secure natural supports at the worksite (including any remote work setting).
- Virtual check-in with participant, employer and/or supervisor on current job and training needs.
- Virtual training for the participant, employer, supervisor and/or coworkers, to increase the participant's inclusion at the worksite (including any remote work setting).
- Audio-video observation, if feasible, of the participant to reinforce or stabilize the job placement (including any remote work setting).
- Virtual safety or self-advocacy training that is job-specific and tailored to an individual participant.
- Virtual job-related safety or self-advocacy training to individuals or groups.
- Virtual coaching/training to individuals or groups on:
    - New skills and related needs to successfully transition to a remote work setting.
    - Reinforcement of work-related personal care and social skills.
    - Use of public transportation.
    - Job-related tasks, such as computer skills or other job-specific tasks.

In the event an individual is placed on temporary leave from their employer due to a COVID-19 related circumstance, Extended Services may continue to be delivered via telemedicine to the extent they are meaningful and contribute to ongoing job-specific goals or readiness of the participant to resume work with their current employer once public health emergency restrictions are lifted.

Allowing alternative settings for COVID-19 related circumstances

1. If a participant's current Personal Assistance and Care (PAC), Structured Family Caregiving (SFC) setting or Residential Habilitation and Support setting is compromised due to COVID-19 related circumstances, the individual may be temporarily relocated to a day program setting or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD). The day program or ICF/IID setting must be accessible to participants and ensure participant's health and safety to the fullest extent possible.

2. BDDS will temporarily expand settings where Community-Based Habilitation (CHG/CHIO) may be provided.

    - CHG/CHIO services may be temporarily provided at a facility-based day program, the home of the participant, an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support professional.

    - The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible.

3. BDDS will temporarily expand settings where Facility Habilitation, Prevocational Services and Adult Day Services may be provided. Facility Habilitation, Prevocational Services and Adult Day Services may be temporarily provided at a facility-based day program, the home of the participant, an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or, upon approval from the participant's team, the home of a direct support

professional. The alternate service delivery setting must be accessible to the participant and ensure the participant's health and safety to the fullest extent possible.

4. BDDS will temporarily expand settings where Structured Family Caregiving (SFC) may be provided. If the support for a participant's Residential Habilitation and Support (RHS) setting is compromised due to COVID-19 related reasons and a direct support staff is residing in the home to ensure continuity of care, BDDS will temporarily allow the RHS setting to be converted to a SFC setting and be provided in the participant's home. This is not a requirement in cases where a direct support staff is temporarily residing in an individual's home, but rather an option for the team to consider, particularly if it is anticipated that direct staff will be residing in the home for longer than 30 days.

5. In unique and rare situations, the home of a direct service professional familiar to the individual may be used as a temporary/alternate waiver residential setting for a participant when the participant's primary caregiver has been diagnosed with or quarantined due to COVID-19.

   To utilize this option:

   - The setting must be designated as a Structured Family Caregiving setting.
   - Prior to relocating the individual, the participant's support team must approve of the temporary/alternate residential setting. The case manager must obtain and document approval from each team member through one of the following methods:
     - Utilize a telephone call or virtual meeting with the individual's team. The case manager would document on a pick list: the date of the call/meeting, the method of contact, each team member participating and each team member's approval. Once all approval is obtained, the case manager would handwrite on the pick list the individual's provider selection, the individual/guardian's name followed by their initials, and the date.
     - Utilize an email with the individual's team. The case manager would document on a pick list: the date of the initial email, the method of contact, each team member response and each team member's response date. Once all approval is obtained, the case manager would handwrite on the pick list the individual's provider selection, the individual/guardian's name followed by their initials, and the date.
   - The case manager will submit an emergency transition that references COVID-19 with the support team's approval within seven (7) days of relocating the individual to the alternate residential setting.
   - The alternate service delivery setting may not exceed sixty (60) days for each individual.

Increased payment flexibilities for allowable family caregivers

The flexibilities allowed under Appendix K for families as caregivers must be utilized in response to a COVID-19 related need that creates a temporary, immediate need for intervention and response to ensure an individual's health and safety. In addition, these flexibilities must be utilized within the individual's existing budget.

Families and individuals should work with their case manager and team to determine if their current situation falls within the necessary criteria of Appendix K to access any of these flexibilities. The following questions should be considered in making this decision:

1) Is the disruption in current services due to COVID-19 that creates an immediate need for intervention and response to ensure their health, safety and well-being? (Note: The 'stay at home order,' schools being closed or closures of non-waiver entities are not sole qualifying circumstances.)
2) Is the service critical to the health, safety and well-being of the individual?
3) Use the Integrated Support Star, or other similar tool, to identify other appropriate alternatives that are available to support the individual including other HCBS services, natural supports, technology, etc.

4) Is the temporary, immediate need for intervention and response fall within the purpose and guidelines of home and community based waiver services?
5) For more examples and information see *Determining what support options should be explored during COVID-19 public health emergency* later in this document

If it is determined that these flexibilities are warranted, the following options may be used on **temporary basis**:

- Parent(s), stepparent(s), and legal guardian(s) will temporarily be allowed to provide services (as direct support staff via an existing BDDS approved provider) to adults and children who are currently using or have a documented intent to use only the following services:
    - Participant assistance and care (PAC) available on the FSW
    - Community based habilitation (CHIO) available on the FSW and CIH
    - Residential habilitation and support (RHS) available on the CIH
- An adult spouse will temporarily be allowed to provide services to an adult individual in the following services:
    - Structured family caregiving (SFC) available on the CIH
    - Participant assistance and care (PAC) available on the FSW
- The 40-hour-per-week paid caregiver limitation will be temporarily waived for
    - Participant assistance and care (PAC) available on the FSW
    - Residential habilitation and support (RHS) available on the CIH
- Respite services may temporarily be allowed when the adult individual is receiving the following services:
    - Structured family caregiving (SFC) available on the CIH
    - Rent and Food for Unrelated Caregiver

Any parent(s), stepparent(s), legal guardian(s), and spouse accessing these flexibilities for the first time will need to work with their provider to meet the provider, state and/or federal hiring and training requirements. All paid family caregivers must also meet background check requirements currently in place for direct service professionals as outlined above.

Existing services are those services that have been authorized in the current Cost Comparison Budget as of March 1, 2020.

Remember - these changes are temporary, must meet a COVID-19 related need and be used within your current waiver budget.

Change in Respite Care Services provider qualifications

BDDS will temporarily allow a provider, approved through BDDS and OMPP on or before March 1, 2020 for any HCBS service, to add Respite Care Services during the COVID-19 emergency.

Change in Structured Family Caregiving required visits

Structured Family Caregiving requires two monthly visits by the provider. BDDS will temporarily allow the required visits to be completed by any combination of the Structured Family Caregiving Home Manager and/or a registered nurse/licensed practical nurse. When appropriate, these required visits can be completed via telemedicine.

Determining what support options should be explored during COVID-19 public health emergency:

The COVID-19 pandemic has effected every part of our lives; therefore, it can be difficult to determine where to turn for assistance when typical services or routines have been disrupted. The following table may assist teams when determining if an individual's needs may be addressed through the home and community based waiver or other support options:

HCBS Flexibilities May Be Considered When:	Other Support Options Should Be Utilized When:
• The BDDS provider in the PCISP has suspended services due to COVID 19. • The staff for BDDS services in my PCISP aren't providing services because they have been exposed or are ill with COVID 19. • I'm the primary caregiver or legal guardian for the individual with BDDS services and I have been exposed or am ill with COVID 19. • I'm an individual receiving BDDS services and have been exposed or am ill with COVID 19.	• The individual receiving BDDS services is no longer attending school in person due to closures due to COVID 19. *School services are covered by IDEA and you should work with your local school district in securing those services. For more information or guidance you may contact INSOURCE at www.insource.org* • The individual receiving BDDS services is also receiving First Steps services and is no longer receiving in home First Steps services due to COVID 19. *First Steps services are covered by IDEA. Telehealth might be an option. Contact your First Steps service coordinator for options.* • The individual receiving BDDS services can no longer attend ABA services because the center closed to due COVID 19. *ABA is not a waiver service and is covered by your Medicaid State Health plan and/or private insurance. Contact your ABA provider for their alternate options of service delivery, if any.* • The individual receiving BDDS services and/or the parents and legal guardians have lost their job due COVID 19 and need assistance meeting basic needs. *Individuals and families who are facing a financial hardship due to COVID-19 and need assistance with basic needs such as food, rent, and utilities should contact 211, visit the food assistance availability map and/or a statewide family/advocacy organization to locate local resources.*

POLICY CHANGES APPLYING TO CIH:

Allowing RHS Reimbursement for Sleep Staff

BDDS will temporarily waive current restrictions preventing providers to bill for RHS reimbursement for time when staff/paid caregiver is asleep. Teams must have a discussion and documented approach for planned staff sleep circumstances in short-term situations where no other support options are available or appropriate, and the individual can be appropriately supported. Unplanned sleep time that is not previously discussed and agreed to by the IST is not allowable under this exception.

If it is anticipated that staff will remain in an individual's home for an extended period of time due to a COVID-19 related reason, the team can also explore temporarily converting the setting to Structured Family Caregiving.